

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 155608.02
Application Number 09/694,514		Filed October 23, 2000
For Security Link Management in Dynamic Networks		
Art Unit 2134	Examiner Kambiz Zand	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee	Small Entity Fee
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$120	\$55 \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$450	\$215 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1020	\$490 \$ 1020.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$1590	\$765 \$ _____
	\$2160	\$1040 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>50-0463</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,773</u> . <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.		
_____ Signature James R. Banowsky _____ Typed or printed name		_____ Date February 13, 2007 _____ (425) 705-3539 _____ Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted		